

Attachment C
Early Detection Works
Reimbursement Fee Schedule
Effective April 1, 2004

The following CPT codes have been approved to be used for billing through the Early Detection Works Program.

*Deductibles and co-payments: For program eligible women who have unmet deductibles or co-payments required by insurance plans, each provider or facility must submit a request for payment to the insurance company **prior** to billing the Early Detection Works Program. Payment for unmet deductibles and co-payments will be provided for each service up to the approved Medicare reimbursement rates listed below. Women with Medicare Part B are not eligible for the Early Detection Works Program, nor may the Early Detection Works Program reimburse for their deductible or co-payment.*

Office Visits

Codes	Type of Service	KS Fee Schedule	Comments
99203	Initial Visit	\$90.55	New Patient
99214	Established Patient Annual Visit	\$77.54	Annual Office Visit
99213	Return Visit	\$49.51	Visits between annual screenings (follow-up Pap or CBE)
99243	Office/Outpatient Consultation	\$113.98	
5000*	Administration Fee (Patient transfers from another provider)	\$15.00	Women must be screened through EDW to receive diagnostic work-up.

Breast

Codes	Type of Service	KS Fee Schedule	Comments
76092	Screening Mammogram	\$77.96	Two views, each breast
76092PC	Professional Component	\$34.92	Physician's Charge
76092TC	Technical Component	\$43.03	Charge for service performed
76090	Diagnostic Unilateral Mammogram	\$72.00	One breast
76090PC	Professional Component	\$34.92	Physician's Charge
76090TC	Technical Component	\$37.08	Charge for service performed
76091	Diagnostic Bilateral Mammogram	\$88.98	Two breasts
76091PC	Professional Component	\$43.28	Physician's Charge
76091TC	Technical Component	\$45.71	Charge for service performed
76645	Diagnostic Ultrasound	\$64.35	For determination of fluid or solid mass in breast(s)
76645PC	Professional Component	\$27.28	Physician's Charge
76645TC	Technical Component	\$37.08	Charge for service performed

Initial _____ Date _____

Codes	Type of Service	KS Fee Schedule	Comments
10021	Fine Needle Aspiration without imaging guidance	\$67.67	
10022	Fine Needle Aspiration with imaging guidance	\$136.29	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	\$45.56	
88172PC	<i>Professional Component</i>	\$31.98	<i>Physician's Reading Fee</i>
88172TC	<i>Technical Component</i>	\$13.58	<i>Charge for service performed</i>
88173	Interpretation of FNA	\$112.58	
88173PC	<i>Professional Component</i>	\$73.60	<i>Physician's Reading Fee</i>
88173TC	<i>Technical Component</i>	\$38.98	<i>Charge for service performed</i>
76942	Ultrasonic Guidance for needle placement	\$121.38	
76942PC	<i>Professional Component</i>	\$33.75	<i>Physician's Reading Fee</i>
76942TC	<i>Technical Component</i>	\$87.63	<i>Charge for service performed</i>

Radiology

Codes	Type of Service	KS Fee Schedule	Comments
76095	Stereotactic localization guidance for breast biopsy or needle placement	\$330.24	
76095PC	<i>Professional Component</i>	\$79.77	<i>Physician's Reading Fee</i>
76095TC	<i>Technical Component</i>	\$250.46	<i>Charge for service performed</i>
76096	Preoperative placement of needle localization wire (radiological)	\$74.07	
76096PC	<i>Professional Component</i>	\$28.36	<i>Physician's Reading Fee</i>
76096TC	<i>Technical Component</i>	\$45.71	<i>Charge for service performed</i>
76098	Radiological Examination, surgical specimen	\$22.17	
76098PC	<i>Professional Component</i>	\$7.92	<i>Physician's Reading Fee</i>
76098TC	<i>Technical Component</i>	\$14.25	<i>Charge for service performed</i>

Initial _____ Date _____

Excisional Biopsy

All biopsies are for diagnostic purposes and exclude treatment.

Codes	Type of Service	KS Fee Schedule	Comments
19100	Needle Core Biopsy, not using imaging guidance	\$122.57	Surgical Fee
<i>19100FF</i>	<i>Facility Fee</i>	<i>\$324.26</i>	<i>Facility Fee</i>
19101	Open, Incisional Biopsy	\$282.07	Surgical Fee
<i>19101FF</i>	<i>Facility Fee</i>	<i>\$434.29</i>	<i>Facility Fee</i>
19102	Percutaneous, needle core, using imaging guidance	\$212.08	Surgical Fee
<i>19102FF</i>	<i>Facility Fee</i>	<i>\$434.29</i>	<i>Facility Fee</i>
19103	Percutaneous, needle core, automated vacuum-assisted or rotating biopsy device, using imaging guidance	\$546.35	Surgical Fee
<i>19103FF</i>	<i>Facility Fee</i>	<i>\$434.29</i>	<i>Facility Fee</i>
19120	Excision of cyst	\$379.01	Surgical Fee
<i>19120FF</i>	<i>Facility Fee</i>	<i>\$496.61</i>	<i>Facility Fee</i>
19125	Excision of breast lesion, identified by preoperative placement of radiological marker, open, single	\$407.69	Surgical Fee
<i>19125FF</i>	<i>Facility Fee</i>	<i>\$496.61</i>	<i>Facility Fee</i>
19126	Excision of breast lesion, identified by preoperative placement of radiological marker, open, each add'l. lesion separately identified	\$153.07	Surgical Fee
19290	Preoperative placement of needle localization wire	\$149.93	
19291	Preoperative placement of needle localization wire, each add'l. lesion	\$83.10	
19295	Image guided placement, metallic localization clip	\$92.84	
88305	Breast Biopsy Interpretation	\$87.80	
<i>88305PC</i>	<i>Professional Component</i>	<i>\$39.92</i>	<i>Physician's Reading Fee</i>
<i>88305TC</i>	<i>Technical Component</i>	<i>\$47.89</i>	<i>Charge for service performed</i>
88307	Surgical Pathology, gross & microscopic exam requiring microscopic evaluation of surgical margins	\$151.50	
<i>88307PC</i>	<i>Professional Component</i>	<i>\$84.35</i>	<i>Physician's Reading Fee</i>
<i>88307TC</i>	<i>Technical Component</i>	<i>\$67.15</i>	<i>Charge for service performed</i>

Initial _____ Date _____

Incisional Biopsy

All biopsies are for diagnostic purposes and exclude treatment.

Codes	Type of Service	KS Fee Schedule	Comments
19000	Puncture aspiration of cyst of breast	\$101.40	
19001	Puncture aspiration of cyst of breast, each add'l. cyst	\$43.18	
76942	Ultrasonic Guidance for needle placement	\$121.38	
76942PC	<i>Professional Component</i>	\$33.75	<i>Physician's Reading Fee</i>
76942TC	<i>Technical Component</i>	\$87.63	<i>Charge for service performed</i>
88305	Breast Biopsy Interpretation	\$87.80	
88305PC	<i>Professional Component</i>	\$39.92	<i>Physician's Reading Fee</i>
88305TC	<i>Technical Component</i>	\$47.89	<i>Charge for service performed</i>

Cervical

Codes	Type of Service	KS Fee Schedule	Comments
88164	Pap Smear	\$14.56	
88141	Cytopathology, cervical or vaginal, interpretation by physician	\$21.97	
87621	Lab, HPV, amplified probe technique	\$49.04	
57452	Colposcopy without biopsy	\$106.10	Surgical Fee
57454	Colposcopy with biopsy	\$150.22	Surgical Fee
88305	Cervical Biopsy Interpretation	\$87.80	
88305PC	<i>Professional Component</i>	\$39.92	<i>Physician's Reading Fee</i>
88305TC	<i>Technical Component</i>	\$47.89	<i>Charge for service performed</i>

General Anesthesia

Codes	Type of Service	KS Fee Schedule	Comments
ANESTH	General Anesthesia	\$275.00	Anesthesiologist Fee

Initial_____Date_____